

Chapter 8: Treatment of trophoblastic disease

CQ43

What chemotherapy is recommended for an invasive mole, clinical invasive mole, or post-molar persistent hCG?

Recommendations:

Monotherapy with methotrexate or actinomycin D is recommended (Grade B).

CQ44

What chemotherapy is recommended for choriocarcinoma?

Recommendations:

A multidrug regimen including methotrexate, actinomycin D, and etoposide is desirable (Grade C1).

[See Fig. 9]

CQ45

What are the indications for surgery for choriocarcinoma?

Recommendations:

1. Surgical resection is considered for patients with a uterine lesion or metastatic lesion associated with chemoresistance (Grade C1).
2. Surgical resection is also considered for patients with a uterine lesion in which hemorrhage is difficult to control or those who have brain metastasis with symptoms of intracranial hypertension (Grade C1).

[See Fig. 9]

CQ46

What are the indications for radiation therapy for choriocarcinoma?

Recommendations:

Whole-brain irradiation and/or stereotactic radiosurgery is considered to treat brain metastasis (Grade C1).

[See Fig. 9]

CQ47

What treatments are recommended for cases with placental site trophoblastic disease (PSTT) or epithelioid trophoblastic tumor (ETT)?

Recommendations:

1. Total hysterectomy is recommended for patients with disease limited to the uterus (Grade B).
2. Combination therapy with surgical treatment including total hysterectomy and chemotherapy are desirable for patients with metastasis (Grade C1).

CQ48

How should patients with persistent low-positive hCG be treated?

Recommendations:

After every gestation including hydatidiform mole or after treatment of trophoblastic disease, strict follow-up is desirable, when real hCG of the low unit persists for a long term without an obvious lesion (Grade C1).

Fig. 9 Treatment for choriocarcinoma

